•	• MULTIPLE DEPENDENT CLAIM									SERIAL NO.				FILING DATE		
	FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								10,590406 APPLICANT(S)							
						-	CLAI	MS								
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT				AS	AS FILED		AFTER 1"AMENDMENT		AFTER		
-	IND.	IND. DEP.		IND. DEP.		IND. DEP.			IND.	DEP.	IND. DEP.		2 AMENDMENT			
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TOTAL	//			325***	4		το	TAL DEP.	•		<b>+</b>		<b>—</b>			
CLAIMS	14							TOTAL CLAIMS	200							